



Family Health and Wellness Self-Assessment

Directions: Use this self-assessment to think about things at home, at school and in the afterschool program that contribute to health and wellness. What's working? What could be better? After you mark the boxes, circle the ones you'll focus on over the next month. Use the results to make positive changes and to advocate for your child's health and wellness. Return the bottom part (below the dotted line) to your child's afterschool program.

What does "health and wellness" mean to you?

- ☐ Not having sickness or pain.
- ☐ Having enough mental and physical energy.
- ☐ Feeling confident socially and emotionally.
- ☐ Having an overall sense of well-being.
- ☐ What else? _____

What can you and your family do to be healthy?

- ☐ Eat healthy meals and snacks.
- ☐ Plan meals together.
- ☐ Eat meals together and enjoy each other's company.
- ☐ Make time for play.
- ☐ Do physical activities together and separately.
- ☐ Make time for sleep and rest.
- ☐ Practice good hygiene, like brushing our teeth and washing our hands.
- ☐ What else? _____

How do you think experiences at school are affecting your child's health and wellness?

- ☐ My child wants to go to school most days.
- ☐ My child talks about interesting things they learned or did at school.
- ☐ My child has at least one friend at school.
- ☐ My child isn't teased or bullied at school, and doesn't bully others.
- ☐ My child has access to healthy food and opportunities for physical exercise.
- ☐ I think the school is doing all it can to keep my child safe and healthy.
- ☐ I think the school understands my child's needs and tries to meet them.
- ☐ I feel comfortable talking with my child's teacher or principal if there is a problem.
- ☐ What else? _____

How do you think experiences in our 21st CCLC afterschool program are affecting your child's health and wellness — and yours?

- ☐ My child wants to attend the program most days.
- ☐ My child talks about interesting things they learned or did in the program.
- ☐ My child has at least one friend in the program.
- ☐ My child isn't teased or bullied in the program, and doesn't bully others.
- ☐ My child has access to healthy snacks and opportunities for physical exercise.
- ☐ I think the program is doing all it can to keep my child safe and healthy.
- ☐ I think the program understands my child's needs and tries to meet them.
- ☐ I think the program recognizes and develops my child's strengths.
- ☐ I feel comfortable talking with program staff if there is a problem.
- ☐ What else? _____

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Please share your ideas on ways our program can support health and wellness for your child and your family! Just fill out the section below and give it to a staff member. We'd love to hear from you!

Date: _____

Your name and contact info (optional): _____

Directions: Check any health and wellness supports that interest you. Circle your top three.

For my child:

- ☐ Healthy snacks during program time.
- ☐ Exercise activities during program time.
- ☐ Chances to try different sports and physical activities.
- ☐ Chances to grow and eat fresh fruits and vegetables.
- ☐ A quiet program space to relax, read or listen to music.
- ☐ Tips and coaching on healthy eating, exercise and sleep.
- ☐ Tips and coaching on social skills.
- ☐ Tips and coaching on managing anxiety and stress.
- ☐ Tips and coaching on healthy ways to handle emotions.
- ☐ What else? _____

For my family and me:

- ☐ Information on local health and wellness resources, like free dental clinics, blood pressure checks, exercise classes and counseling.
- ☐ Cooking classes with healthy recipes kids will like.
- ☐ What to do if I think my child has depression or an eating disorder.
- ☐ Ideas on organizing our home and our schedules to reduce stress.
- ☐ How to put together a first aid kit.
- ☐ Finding a walking group or exercise buddy so I can set a good example.
- ☐ What else? _____

Please write any ideas for things you'd like our program to offer. If you have knowledge or skills to share, let us know that too!
